



California Department of Housing and Community Development
Division of Community Affairs

CalHome Program

**SELF-HELP HOUSING TECHNICAL ASSISTANCE ALLOCATION
GRANT APPLICATION**

P.O. Box 952054, MS 390-2
Sacramento, CA 94252-2054
(916) 445-9581

1. APPLICANT INFORMATION

Name: _____

Address: _____

City, State, Zip Code: _____

Contact: _____

Title: _____

Phone: _____ Fax: _____

E-mail Address: _____

2. PROJECT NAME

3. GRANT REQUEST

Total Requested: \$ _____

Number of units to be assisted: _____

Average per unit Grant Amount: \$ _____

Projected Occupancy:

Very low-income units _____

Low-income units _____

Moderate-income units _____

4. APPLICANT BACKGROUND AND EXPERIENCE

A. Type of Organization:

Public Body ☐ Nonprofit Corporation ☐ Cooperative Corporation ☐

Date of Incorporation _____

Source(s) of Administrative Funds _____

Amount of Administrative Funds \$ _____
(current fiscal year)

B. Organization Legal Status:

- (1) Resolution authorizing application. As a time-saver, the resolution may also authorize execution of the contract and other documents needed to process a grant. (*Exhibit 1*) (See Appendix “A”)
- (2) Copy of Articles of Incorporation and Bylaws. For public agencies, its enabling resolution or charter. (*Exhibit 2*)
- (3) List of Names of Governing Body and Corporate Officers. (*Exhibit 3*)
- (4) Tax Exempt (501(c)3) Status and current (less than one-year old) Secretary of State Certificate of Status. (*Exhibit 4*)
- (5) Most Recent Audited Financial Statement. (*Exhibit 5*)

C. Housing Development Experience:

- (1) A description of your organization’s history and experience with self-help housing as a developer or in operating housing programs and providing technical assistance. (*Exhibit 6*)
- (2) Briefly describe each program your agency is currently operating. (*Exhibit 7*)
- (3) List the geographic area(s) where your program(s) operate and include the number of units developed or under development in each area. (*Exhibit 8*)
- (4) List any program or financial assistance you have received from HCD during the past three years. Include dates, amounts and a HCD contact person for each program. (*Exhibit 9*)
- (5) Please provide references from other funding sources with whom you have worked in the last three years. Include names, addresses and phone numbers for references. (*Exhibit 10*)

5. LEGISLATIVE DISTRICT AND REPRESENTATIVE OF THE PROJECT LOCATION

Assembly: District No: _____ Representative: _____

Senate: District No: _____ Representative: _____

Congressional: District No: _____ Representative: _____

6. PROPOSED DEVELOPMENT (provide Project Narrative) (*Exhibit 11*)

A. Type of Development:

Homeownership ☐

Cooperative ☐

B. Energy-Efficiency Measures: _____.

C. Other Special Features and Amenities: _____.

7. SITE INFORMATION

(If development includes more than one site, please complete this section for each site.)

A. Location: (*Exhibit 12*)

Street Address _____

City / Zip Code _____

County _____

Assessor's Parcel Number _____

Lot Number(s) _____

B. Site Approvals: (*Exhibit 13*)

Tentative Map Approved? ☐ Yes ☐ No Date _____

Final/Parcel Map Recorded? ☐ Yes ☐ No Date _____

If no, estimated date of recordation: _____

C. Site Plan: (*Exhibit 14*)

Include copy of Site Plan with Grading Plan.

D. Site Control

Name of current owner of site? _____

If Applicant, date of acquisition? _____

Include Preliminary Title Report not more than 180 days old. (*Exhibit 15*)

If applicant is not current owner, status of site control: (*Exhibit 16*)

- Under option? ☐ Yes ☐ No Date Expires _____
- Purchase Contract? ☐ Yes ☐ No Date Expires _____
- Other? _____ Date Expires _____

Purchase price of site: _____

E. Evidence of Land Value (appraisal) (*Exhibit 17*)

F. Planning and Topographical Information:

Size: Square Feet/Acres _____

Present zoning _____

Is annexation, zoning change, use permit or variances required?

☐ Yes ☐ No

If yes, please give details: _____

What is the schedule for required changes? _____

G. Environmental Hazards/Clearance: (*Exhibit 18*)

• Environmental Impact Report?

Draft: ☐ Yes ☐ No Final: ☐ Yes ☐ No

Negative Declaration ☐ Yes ☐ No

Adopted: ☐ Yes ☐ No

Lead Agency: _____

Agency Contact Name: _____

Phone #: _____

• Seismic Hazard Area: ☐ Yes ☐ No

If yes, zone designation: _____

• 100-Year Flood Plain: ☐ Yes ☐ No

If yes, zone designation: _____

H. Utility Availability: (*Exhibit 19*)

Water: ☐ Yes ☐ No Source _____ Proximity _____

Sewer: ☐ Yes ☐ No Source _____ Proximity _____

Gas/Elect: ☐ Yes ☐ No Source _____ Proximity _____

I. Soils: (*Exhibit 20*)

Fill on Site: ☐ Yes ☐ No

Any Special Topographical Problems? ☐ Yes ☐ No

If yes, describe: _____

J. Phase I Report: (*Exhibit 21*)

Has a Phase I Environmental Assessment been prepared? ☐ Yes ☐ No

K. On- / Off-Site Improvements:

Are off-site improvements needed? ☐ Yes ☐ No

If yes, please give details and include estimated date of completion:

Are on-site improvements needed? ☐ Yes ☐ No

If yes, please give details and include estimated date of completion:

L. Amenities:

Provide Distance to:

Schools _____ Drugstore _____ Food Market _____

Hospital _____ Park _____ Fire Dept. _____

Is Public Transportation available: ☐ Yes ☐ No

If yes, Distance _____ Type _____

8. PROPOSED FINANCING – include commitment letters in exhibits.
- A. Source of Property Acquisition Financing: (*Exhibit 22*)
- Agency _____
- Program _____
- Contact Person _____
- Phone No. _____ Amount \$ _____
- Proposed Lien Position and Terms _____
- Current Status of Application _____
- B. Source of Construction Financing (if different): (*Exhibit 23*)
- Source 1:
- Agency _____
- Program _____
- Contact Person _____
- Phone No. _____ Amount \$ _____
- Proposed Lien Position and Terms _____
- Current Status of Application _____
- Source 2:
- Agency _____
- Program _____
- Contact Person _____
- Phone No. _____ Amount \$ _____
- Proposed Lien Position and Terms _____
- Current Status of Application _____
- C. Source(s) of Primary Permanent Financing: (*Exhibit 24*)
- Agency _____
- Program _____
- Contact Person _____
- Phone No. _____ Amount \$ _____
- Proposed Lien Position and Terms _____
- Current Status of Application _____

D. Source and Type of Project Subsidy/Assistance: (*Exhibit 25*)

Source 1:

Agency _____
Program _____
Contact Person _____
Phone No. _____ Amount \$ _____
Proposed Lien Position and Terms _____
Current Status of Application _____

Source 2:

Agency _____
Program _____
Contact Person _____
Phone No. _____ Amount \$ _____
Proposed Lien Position and Terms _____
Current Status of Application _____

Source 3:

Agency _____
Program _____
Contact Person _____
Phone No. _____ Amount \$ _____
Proposed Lien Position and Terms _____
Current Status of Application _____

Source 4:

Agency _____
Program _____
Contact Person _____
Phone No. _____ Amount \$ _____
Proposed Lien Position and Terms _____
Current Status of Application _____

9. PROJECT COSTS:

A. Development Costs:

	<u>Total Amount</u>
Land	_____
Site Development	_____
Dwelling Structures	_____
Other Structures	_____
Architectural	_____
Engineering	_____
Interest	_____
Legal Fees	_____
Loan Fees	_____
Permit & Local Fees	_____
_____	_____
_____	_____
Total	_____

B. Construction Costs: (*Exhibit 26*)

Provide copy of construction costs/budget. (Estimate if actual not available.)

C. Sources and Uses Chart: (*Exhibit 27*)

Provide copy of sources and uses chart of all project funds. (Estimate if actual not available.)

10. MARKET ANALYSIS:

A. Area Housing Needs: (*Exhibit 28*)

Provide available quantitative information of the need or demand for housing of this type in this market area. Information may be available from local planning departments, housing authorities, or Council of Governments.

B. Project Marketing: (*Exhibit 29*)

Describe efforts to find prospective occupants for this project. Include numbers of eligible households contacted and/or on waiting lists.

11. UNIT DESCRIPTIONS:

A. Unit Breakdown and Descriptions:

Model Number	Number of Units	Square Footage (Living Space)	Number of Bdrm/Ba	Hard Costs to Build Unit	Sweat Equity Amount	Sweat Equity %

B. Provide a narrative describing the method used to determine the value of sweat equity.

12. FINANCING AND AFFORDABILITY

A. Proposed Type of Permanent Financing:

☐ Conventional ☐ FHA ☐ CalHFA ☐ USDA-RD

☐ Other, describe: _____

B. Projected Average Housing Cost and Affordability:

MODEL NUMBER				
Appraised Value				
Terms of Sale				
Sales Price				
Sweat Equity				
Down Payment				
Amount Financed – 1 st Mortgage				
Interest Rate				
Term in Years				
Amount Financed - 2 nd Mortgage				
Interest Rate				
Term in Years				
Amount Financed – 3 rd Mortgage				
Interest Rate				
Term in Years				
Monthly Housing Costs				
Principal & Interest, <u>all</u> loans				
+ Taxes				
+ Fees/Bonds/Assessments				
+ Mortgage Insurance				
+ Association Dues				
+ Insurance				
+ Maintenance				
= Total Monthly Payment				
x 12 = Total Annual Payment				

13. SELF-HELP HOUSING TECHNICAL ASSISTANCE ADMINISTRATION BUDGET

A. Anticipated Costs:

Line Item	CalHome Self-Help Grant Funds	Other Funds	Total
Salaries			
Employee benefits			
Space rent			
Utilities			
Telephone			
Equipment (leasing)			
Office materials			
Contract and Professional Services			
TOTAL BUDGET			

B. Source(s) of Other Technical Assistance Funds: (*Exhibit 30*)

Agency _____

Program _____

Contact Person _____

Phone No. _____ Amount \$ _____

Current Status of Funding _____

14. PROJECT ACTIVITY SCHEDULE

A.	Activity	Completion Date
	Ownership	_____
	Financing obtained:	
	Administrative	_____
	Acquisition	_____
	Predevelopment	_____
	Construction	_____
	Permanent	_____
	Local planning approval	_____
	Department of Real Estate approval	_____
	Notice to proceed	_____
	Certificate of Occupancy	_____

B. Phasing

Will the project be phased? ☐ Yes ☐ No

If yes, describe number, types of activity and financing in each phase, any other relevant information and include a project activity schedule (above) for each phase in which CalHome self-help housing technical assistance funds will be proposed to be utilized. (*Exhibit 31*)

15. PROJECT ADMINISTRATION

A. Organization:

(1) Attach project-staff organization chart. (*Exhibit 32*)

(2) Indicate staff assigned to this project and percentage of time devoted to project:

Name of Staff Person	Job Title:	% of Time on Project
_____	_____	_____
<u>U</u> _____	_____	_____
_____	_____	_____
_____	_____	_____

(3) Attach job description for each of above listed job title. (*Exhibit 33*)

(4) Describe qualifications of each staff person named above (resume). (*Exhibit 34*)

16 SELF-HELP COMPONENT:

A. Describe proposed criteria for participation in your self-help program. (*Exhibit 35*)

B. Attach a copy of the family agreement form to be used. (*Exhibit 36*)

C. Provide description of activities to be performed by self-help participants. (*Exhibit 37*)

D. Provide description of activities to be contracted out. (*Exhibit 38*)

E. Approximate number of hours to be worked per week by each household: _____

F. Percentage of work will be performed by self-help participants: _____%

G. Number of months estimated to complete project: _____

H. Other

(1) How and when will title to individual units be transferred to self-help participants?

(2) How will applicant ensure that the self-help unit will be the primary residence of the participant?

17. Homeownership Education

Describe the homebuyer education program. Is the class provided in-house? Attach the specifics. (*Exhibit 39*)

APPLICATION AUTHORIZATION

This application was prepared by:

_____ Name (Print or Type)	_____ Title
_____ Signature	_____ Date

This application is submitted by:

I/We certify that the information and statements submitted in and attached to this application, are true, accurate and complete to the best of my/our knowledge. I/We authorize the Department of Housing and Community Development to verify any information pertaining to this application. I/We acknowledge and understand that if facts and/or information herein are found to be misrepresented, it may constitute grounds for rejection of the application or default of the CalHome Program, Self-Help Housing Technical Assistance Allocation grant for which this application is being made.

_____ Name (Print or Type)	_____ Title	_____ Date
_____ Name (Signature)	_____ Title	_____ Date
_____ Name (Print of Type)	_____ Title	_____ Date
_____ Name (Signature)	_____ Title	_____ Date

CalHome Program, Self-Help Housing Technical Assistance Checklist

EXHIBITS TO BE ATTACHED TO THIS APPLICATION

Please tab each exhibit required by the application and place the exhibits behind the completed application according to the corresponding numbers listed below.

1. Copy of resolution authorizing this application (Item 3.B.(1))
2. Copy of Articles of Incorporation and By-Laws (Item 3.B.(2))
3. List of names of officers and board of governing body of applicant (Item 3.B.(3))
4. 501(c)3 Status with Secretary of State certification (Item 3.B.(4))
5. Most recent audited financial report (Item 3.B.(5))
6. Organization history & experience (Item 3.C.(1))
7. Description of organization's current programs (Item 3.C.(2))
8. Geographic area(s) served (Item 3.C.(3))
9. HCD financial assistance history (Item 3.C.(4))
10. Funding source references (Item 3.C.(5))
11. Project narrative (Item 6)
12. Copy of location map of proposed site (Item 7.A.)
13. Copy of recorded final/parcel or tentative map (include conditions of approval) (Item 7.B.)
14. Copy of proposed site plan with grading plans (Item 7.C.)
15. Preliminary Title Report (Item 7.D.)
16. Evidence of site control (Item 7.D.)
17. Evidence of land value (Appraisal) (Item 7.E.)
18. Environmental Impact Report or Negative Declaration (Item 7.G.)
19. Evidence of utilities availability (Item 7.H.)
20. Copy of any soils, geo-technical and engineering report (Item 7.I.)
21. Copy of Phase I environmental assessment (Item 7.J.)
22. Evidence of property acquisition funding (Item 8.A.)
23. Evidence of construction financing (Item 8.B.)
24. Source of permanent financing (Item 8.C.)
25. Evidence of any project subsidy (Item 8.D.)

26. Copy of construction costs/budget (Item 9.B.)

27. Copy of sources and uses chart (Item 9.C.)
28. Area housing needs (Item 10.A.)
29. Project marketing (Item 10.B.)
30. Evidence of other technical assistance funds (Item 13.B.)
31. Project activity schedule for each phase, if applicable (Item 14.B.)
32. Organizational chart (Item 15.A. (1))
33. Staff job descriptions (Item 15.A.(3))
34. Staff qualifications (Item 15.A.(4))
35. Self-help criteria (Item 16.A.)
36. Family agreement (Item 16.B.)
37. Description of self-help activities (Item 16.C.)
38. Description of activities contracted out (Item 16.D.)
39. Homeowner-education class (Item 17)

APPENDIX "A"

SAMPLE RESOLUTION

CalHome Program Self-Help Housing Technical Assistance

THE GOVERNING BOARD OF

HEREBY AUTHORIZES THE SUBMITTAL OF A GRANT APPLICATION, THE INCURRING OF AN OBLIGATION, THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO, AND ANY OTHER DOCUMENTS NECESSARY TO SECURE A CALHOME PROGRAM, SELF-HELP HOUSING TECHNICAL ASSISTANCE ALLOCATION GRANT FROM THE STATE OF CALIFORNIA.

WHEREAS

- A. _____ (name of applicant)
(hereinafter referred to as "Corporation") is a corporate entity established under the laws of California and empowered to enter into an obligation to receive state funds to promote self-help housing efforts.

- B. The California Department of Housing and Community Development (hereinafter referred to as the “State”) is authorized to make grants to assist self-help housing efforts.
- C. The Corporation wishes to obtain from the State a technical assistance grant for assisting self-help housing activities.

IT IS NOW RESOLVED THAT:

- 1. The Corporation may submit to the State an application for a CalHome grant for use in the County of _____ .
- 2. If the application is approved, the Corporation is hereby authorized to incur an obligation in any amount not exceeding the amount approved by the State and to enter into a grant agreement with the State for the purposes set forth in the application and approved by the State. It also may execute security and other instruments necessary or required by the State to govern and secure the obligation.
- 3. The Corporation is further authorized to request amendments, including increases in amounts up to amounts approved by the State, and to execute any and all documents required by the State to govern and secure these amendments.

4. The Corporation authorizes _____ *name(s) or title(s) of officer(s) authorized*) to execute in the name of the Corporation, the application and the agreement, and other instruments necessary or required by the State for the making and securing of the grants, and any amendments thereto.

PASSED AND ADOPTED THIS _____ DAY OF _____, 20 _____,

BY THE FOLLOWING VOTE:

AYES: _____ NAYS: _____ ABSTAIN: _____ ABSENT: _____ .

CERTIFICATION:

The undersigned _____ Secretary of the Corporation here before named does hereby attest and certify that the foregoing is a true and full copy of a resolution of the Board of Directors adopted at a duly convened meeting on the date above-mentioned, which has not been altered, amended, or repealed.

Secretary

Date

NOTES:

1. ☐ *This is intended to be a model for resolutions authorizing grant applications. Applicants may use their own format if it contains substantially all the authorizations in the model.*
2. ☐ *This model uses language appropriate to a nonprofit corporation of cooperative. A government agency may want to substitute more appropriate terminology for terms such as "Governing Board" and "Corporation".*
3. *The person attesting to the vote and certifying the resolution may not be a person authorized by the resolution to execute documents.*